喜	PATENT APPLICATION FEE DETERMINATION RECORD								A	Application or Docket Number				
Barbara Campbel Nettorol Storo D	3		Effect	ive Octol	re October 1, 2001				10/019226					
Rarba	(703)	OTAL CLAIMS	CLAIMS AS	S FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
								RAT		FEE	1	RATE	FEE	
`	FOR TOTAL CHARGEABLE CLAIMS			NUMBER FILED NUM			ER EXTRA	BAS	C FEE		OB	BASIC FEE	890	
				15 minus 20= *				X\$ 9=				X\$18=	0,0	
I	IND	EPENDENT CL	AIMS	2 m	inus 3 =	*		-	12=		OR			
	MULTIPLE DEPENDENT CLAIM PI			RESENT			$\neg \neg \vdash$	745-			OR	X84=		
	* If	the difference	in column 1 is	lece than a	ore enter	"O" in	"O" in column C		40=		OR	+280=		
·	•	• •		less than zero, enter "0" in column 2			TO	TAL		OR	TOTAL			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								Λ1 Ι	ENTITY	00	OTHER		
National Stage Processing	A	No.	CLAIMS REMAINING		HIGH	EST	(Column 3)			ADDI-	OR I	SMALL	ADDI-	
	<b>AMENDMENT A</b>		AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA	, RA	ATE	TIONAL FEE		RATE	TIONAL	
		Total	. 5	Minus	* 0	10	= /	X\$	9=		OR	X\$18=	1	
		Independent FIRST PRESE	NTATION OF MI	Minus	PENDENT	S CLAIM	=/	X	2=		OR	X84=	/	
	<u>.</u>				CNOCK	CLAIN		. +1	40=		OR	+280=		
State	<b>ğ</b>						TOTAL ADDIT, FEE		OR	OR TOTAL				
flona		(Column 1) (Column 2) (Column 3) (Column 3)								Ť				
OSTAlogIN	AMENDMENT B	2 10 10 10 10 10 10 10 10 10 10 10 10 10	REMAINING AFTER AMENDMENT	Washington and the	NUM	BER OUSLY	PRESENT EXTRA	R/	NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		Total	· 70	Minus	** Z	O	= /	XS	9= -		OR	:X\$18=	/	
	AME	Independent	• 3	Minus	***	3	= /	X.	2=			X84=	/	
	L	FIRST PRESE	NTATION OF M	JLTIPLE DE	PENDENT	CLAIM		J ├─			OR	A04=		
									40=		OR	+280=		
								ADDI*	OTAL I. PEE		OR	TOTAL ADDIT, FEE	/	
().	(Column 1) (Column 2) CLAIMS HIGHEST						(Column 3)		<u>.</u>		_		•	
o para da e <mark>nera en estado</mark> s. Pero destados	AMENDMENT C		REMAINING AFTER AMENDMENT		NUM	IBER OUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
		Total	*	Minus	frit.		=	X\$	9=		OR	X\$18=		
	AME	Independent	*	Minus	and the		=	<b> </b>	2=	:		X84=		
	L	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		J			OR	A04=	<b> </b> -	
								+14	40≐		OB.	+280=		

FORM PTO-875 (Rev. 8/01)

TOTAL ADDIT. FEE

TOTAL ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."